



BUSINESS LICENSE APPLICATION
CITY OF MONTGOMERY, ALABAMA
(334) 625-2036 (334) 625-2994 fax
www.montgomerval.gov

RECEIPT NO. _____

RETURN TO:

CITY OF MONTGOMERY
REVENUE /LICENSE DIVISION
P O BOX 1111
MONTGOMERY AL 36101-1111

PLEASE PRINT OR TYPE

Application Type: _____ New _____ Add-on

Mailing Name and Address

FEIN _____

ST of AL TAX# _____

DL# _____

Forms of Ownership (Check One)

Sole Prop _____ Partnership _____

Corp _____ LLC _____

Trade Name: (If different from above) _____

Physical Location (Street Name and Number) Leave Blank if operating from a Residence

Business () _____

Home () _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Activity Initiated or Proposed in Montgomery: _____

Give a brief detail the nature of your business: _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Signature _____ Title _____ Date _____

ACCOUNT NO. _____ FOR MUNICIPAL USE ONLY

CODE	DESCRIPTION OF LICENSE	GROSS RECEIPTS	SCH	AMT OF LICENSE	FEE	TOTAL

ZONING (25 WASHINGTON AVE -4th Floor) _____

AREA NUMBER _____

FIRE (19 MADISON AVE - 241-2916) _____

CITY SALES TAX NUMBER _____

INSPECTIONS (25 WASHINGTON AVE - 1st Floor) _____
